Г	]Fa	iled 🗌	Closed   IHH	State of Maine I	Hea	alti	h I	ns	spe	ctio	n Report	t		P	age 1 o	f 4	
					Critic	al Vi	olati	ions	5				0	Date	e <u>1</u>	0/21/202	21
	tabli JBW	ishment Na /∧∨	me	As Authorized by 22 MRSA § 2496					tions				0	Tim	_	:00 PM	_
				I	Certi			l Pro	otectio	on Mana	ger		Υ			:45 PM	=
Lic	ens	e Expiry Da	ate/EST. ID#	Address			ity					Zip Code		I	ephone		
		<b>-</b>	/ 29785	1128 LISBON ST					LON			04240			7-344-953		_
		е Туре		Owner Name						ection		License Pos		- 1.	Risk Categ	ory	
М	UN	- EATING		MAINSUSA CORP							t Report	No			Low		
			F00I	DBORNE ILLNESS RISK FA	CTC	RS	AN	D	PUBL	IC HE	ALTH INTER	VENTIONS	;				
		ircle design	nated compliance status	(IN, OUT, N/O, N/A) for each numb	ered i	tem				Ma	ırk"X" in appropi	riate hox for C	:OS an	d/or l	R		
		in complian			not ap		ole				corrected on-site				repeat viola	ition	
					со	s R		C	omolia	nce Sta	hue				· · · · · · · · · · · · · · · · · · ·	cos	R
Co	mpi	iance Statu		upervision		, I			ompile		tially Hazardou	s Food Time/	Tempe	ratu	re	cos	Ì
1		IN	PIC present, demonstra	ates knowledge, and	Т	$\top$	10	6		IN	Proper cooking	time & temp	eratur	es		$\Box$	_
			performs duties				13	7		IN	Proper reheati	ng procedure	s for h	ot ho	lding		
2		IN	·	loyee Health			1:	_		IN	Proper cooling	<u> </u>		es			
3		IN	Management awarenes Proper use of reporting	a, restriction & exclusion		+	1:			IN	Proper hot hold					$\rightarrow$	_
			Good Hyg	gienic Practices			2	_		IN	Proper cold ho						_
4		IN		drinking, or tobacco use		$\perp$	2	-		IN IN	Proper date ma			2004	9	- l	_
5		IN	No discharge from eyes		_	$\perp$	2:	4		IIN	Time as a publi	mer Advisory		ocea	ures & reco	ora	_
6		IN	Hands clean & properly	amination by Hands				Т			Consumer advi			aw or		1 1	
				with RTE foods or approved			23	3	- 1	IN	undercooked fo		4 101 16	1W OI			
7		IN	alternate method prope	• •							Highly Susce	ptible Popula	ations				
8		IN		g facilities supplied & accessible			24	1		IN	Pasteurized for	ods used; pro	hibited	food	ds not		_
				ved Source			_				offered						_
9		IN	Food obtained from app	proved source								Chemical					
10		IN	Food received at prope	er temperature			2			IN	Food additives						_
11		IN	Food in good condition	, safe, & unadulterated			2	6		IN	Toxic substanc				ored & use	d	_
12		IN	Required records avail	able: shellstock tags						Co	onformance with	Approved P	roced	ures			
12		IIN	parasite destruction				27	7	1	IN	Compliance wi	th variance, s	pecial	ized <sub>l</sub>	process,		
			Protection for	rom Contamination			ļ∟				& HACCP plan						_
13		IN Food separated & protected  Risk Factors are improper practices or procedures identified as the most						st									
14		IN	Food-contact surfaces:					þ	revale	nt contril	outing factors of 1	oodborne illne	ss or in	njury.	Public Heal	th	
15		IN	reconditioned, & unsafe	eturned, previously served, e food				lı	nterver	ntions are	control measure	s to prevent fo	odborn	ne illn	ess or injur	y.	
	l			GOOD	PFT	۸II	DD	۸۲	TICE	<b>S</b>							
			Good Retail Practices are	e preventative measures to control the							and physical obje	cts into foods.					
Ms	ark ")	(" in hoy if n	umbered item is not in com								=corrected on-site		tion	R=r	epeat violati	ion	
IVIC	AII /	C III DOX II III		man X in appropriate	co	1	П	al lu/	01 10	- 000		z during inspec	,11011	1.	cpcat violati		R
			0-f- Fdd	I W-1		٠, ام	١L	_									_
	I I	Dti	Safe Food and			_	١,	4 l 10	. 1.		•	se of Utensils	)			1 1	
28 29			d eggs used where reque e from approved source	ii eu	+	+	<b>-</b> ⊢	1 11			sils: properly sto		<b>.</b> '	ale! :	J 0 L "	-	_
30	$\vdash$		e from approved source obtained for specialized p	processing methods	+	+	<b>-</b> ⊢	2 IN 3 IN	_		quipment, & line				•	<del>u</del>	_
30	LIIN	, a. iaiioe C	Food Temperature		_		4	_	_		& single-service d properly	arucies: prop	Jeriy S	orea	o usea	++	_
		Proper co	oling methods used; ade		T	T	4	- <b>7</b>   11′	·   GIC	ves use	u properly Utensils, Equip	ment and Ve	ndina				
31	NI	temperatu	-	4==== oquipmont tot					. For	od & non	-food contact su					TT	
32	IN	· ·	properly cooked for hot	holding		1	4	5 11	N I		signed, constru		,				
_	IN		thawing methods used			$\top$	4	6 11		-	ng facilities: inst		ined, 8	k use	d; test strip	os	
-	IN		eters provided and accur	rate		1	<b>-</b> ⊢	7 11	_		ontact surfaces					$\dashv \dagger$	_
Food Identification											Physic	al Facilities					
35	IN	Food prop	erly labeled; original con	ntainer	T	Τ	4	11 8	V Hot	t & cold	water available;	adequate pre	ssure			TI	_
			Prevention of Food Con	ntamination			4	9 11	_		stalled; proper						_
36	IN	N Insects, rodents, & animals not present					5	0 11	V Sev	Sewage & waste water properly disposed							_
37	ΙΝ	Contamina	ation prevented during fo	ood preparation, storage & display			5	1 11	V Toi	let facili	ties: properly co	nstructed, su	pplied	, & cl	eaned		_
38	ΙΝ	Personal c	leanliness				5	2 11			refuse properly						_
39	ΙΝ	Wiping clo	ths: properly used & sto	red			5	3 11	_		cilities installed,						_
40	IN	Washing fr	uits & vegetables					4 IN	N Add	equate v	entilation & ligh	ting; designat	ted are	as us	sed		
				and Ma	1/0	, ,	0	1	7								
Per	son	in Charge (	Signature)	Ja Kuli	φe			(				Date:	10/21/	2021			
		nspector (S	Signature)	711													_
		LACHANCE		pro Mile	-	_				Follow-	up: YES	NO D	ate of F	ollov	w-up:		
		_ ~~~									_ <del>_</del>						_

State of	Maine He	ealth Inspect	tion Repo	ort	Page 2 of 4					
		As Authorized b	Date 10/21/2021							
License Expiry Date/EST. ID# Address / 29785 1128 LISBON S			City / State Zip Code LEWISTON / ME 04240							
Temperature Observations										
Temperature	<u>-</u>		Notes							
200 PPM	QUAT 40									
116*										
40*	GREEN PEPP	ER								
36*	AIR TEMP									
	Address 1128 LISBON S Temperature 200 PPM  116*	Address 1128 LISBON ST  Temperature  200 PPM QUAT 40  116*  40* GREEN PEPP	As Authorized &  Address 1128 LISBON ST  Temperature Observat  Temperature  200 PPM QUAT 40  116*  40* GREEN PEPPER	As Authorized by 22 MRSA  Address 1128 LISBON ST  City / State LEWISTON / ME  Temperature Observations  Temperature Notes  200 PPM QUAT 40  116*  40* GREEN PEPPER	Temperature Observations Temperature Observations  Temperature Notes  200 PPM QUAT 40  116*  GREEN PEPPER					

Person in Charge (Signature)

Health Inspector (Signature)
LOUIS LACHANCE

Amanda Marfeell La Lu Cu

Date: 10/21/2021

	State of Maine Health Inspection Report							
Establishment Name					Dat <u>e</u>	10/21/2021		
SUBWAY								
License Expiry Date/EST. ID# / 29785	Address 1128 LISBON ST	City / State LEWISTON	ME	Zip Code 04240				

# **Observations and Corrective Actions**

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

Person in Charge (Signature)

Health Inspector (Signature)
LOUIS LACHANCE

Amonda Mayelll La La Cu

Date: 10/21/2021

	State of Maine Health Inspection Report							
Establishment Name		_			Date 10/21/2021			
SUBWAY								
License Expiry Date/EST. ID# / 29785	Address 1128 LISBON ST	City / State LEWISTON	ME	Zip Code 04240				

## **Inspection Notes**

\*\*Ok to issue regular license

Certified Food Protection Manager: AMANDA MAXWELL EXP.>3/28/2023

Every eating establishment must employ on its staff a Certified Food Protection Manager (CFPM). Some establishments are exempt from this requirement. A CFPM certificate must accompany the application for a new establishment and change of ownership. A CFPM must be hired within 60 days of the departure of the last CFPM leaving employment. Eating establishments must post in a conspicuous area the certification of the CFPM(s), and the certificate must be made available to the Department upon request. For a list of CFPM courses and trainers go to http://www.maine.gov/healthinspection/training.htm. Please provide a copy of this certification(s) to Casandra Lavallee, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, casandra.lavallee@maine.gov or faxing to 207-287-3165. Please include the name of your establishment and the establishment ID# with your certification(s).

### **Employee Health Policy**

The Health Inspection Program implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

#### Violation Correction Timeframe

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact your inspector, Laurie Davis when the critical violation has been addressed at 207-592-5573 or laurie.davis@maine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

#### C= Critical violation and NC= Non-critical violation

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

#### Additional Inspection Fee

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

#### Document Retention/Posting

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Person in Charge (Signature)

Health Inspector (Signature)

HHE-601(a)Rev.01/07/10

LOUIS LACHANCE

Amenda Mayell

Date: 10/21/2021

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